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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/031439</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				51	
2	/	/				52	
3	2	/				53	
4	2	/				54	
5	2	/				55	
6	2	/				56	
7	2	/				57	
8	2	/				58	
9	2	/				59	
10	2	/				60	
11	2	/				61	
12	2	/				62	
13	2	/				63	
14	2	/				64	
15	2	/				65	
16	1					66	
17	2	/				67	
18	2	/				68	
19	2	/				69	
20	2	/				70	
21	2	/				71	
22	2	/				72	
23	/	/				73	
24	/	/				74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	5		3			TOTAL IND.	
TOTAL DEP.	20	←	20	←	↓	TOTAL DEP.	↓
TOTAL CLAIMS	21		23			TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS